



STATE OF MARYLAND

DHMMH

Department of Health and Mental Hygiene

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue,
Baltimore, Maryland 21215 – 2299

Web Site: www.dhmmh.maryland.gov/bswe/

Phone Number: 410-764-4788

Toll Free: 1-877-526-2541

Fax: 410-358-2469

January 2014

Dear Applicant:

Enclosed is an application for **RE-LICENSURE** as a:

Licensed Bachelor Social Worker	LBSW
Licensed Graduate Social Worker	LGSW
Licensed Certified Social Worker	LCSW
Licensed Certified Social Worker-Clinical	LCSW-C

RE-LICENSURE means you held a Maryland license and the expiration date of the license is greater than 5 years ago. Look up your license, on the Board's website, under the "License Verification" tab on the left side of the home page. www.dhmmh.maryland.gov/bswe/,

There are two options for "Re-Licensure"

- 1) By Endorsement; or
- 2) By Examination

By Endorsement: Applicants who have an active social work license in another jurisdiction and are currently practicing social work in another jurisdiction must apply by endorsement.

By Examination: Applicants who have **NOT** practiced social work in 5 or more years, must apply by examination.

On the reverse side of this page you will find the requirements for licensure.

PLEASE SUBMIT ORIGINAL COPIES OF ALL FORMS DO NOT SUBMIT PHOTO COPIES OR FAXED COPIES.

Keep a copy of your application for your records. Detailed instructions are included for completing the various forms. **Please review all of the material very carefully.** NOTE: the \$100 license application fee is non-refundable.

For further information or clarification, please contact the Board office at 410-764-4788 or toll free at 1-877-526-2541.

MARYLAND BOARD OF SOCIAL WORK

Social work practice in Maryland is governed by the Maryland Social Workers Act, Title 19 of the Health Occupations Article of the Annotated Code of Maryland and the Code of Maryland Regulations (COMAR) Title 10 Subtitle 42 Chapters 01 through 09.

An individual may not practice social work in Maryland without a social work license issued by the Maryland Board of Social Work

The following information is provided as a synopsis of the licensing requirements and is not a substitute for thoroughly reviewing the statute and the regulations.

§ 19-309. Inactive status; reinstatement of expired licenses.

(a) (1) Except as provided in subsections (b) and (c) of this section, the Board shall place a licensee on inactive status for a **maximum of 5 years**,

(b) (1) Except as provided in subsection (c) of this section, the Board shall place a licensee on nonrenewed status for a **maximum of 5 years**

(c) Notwithstanding subsections (a) and (b) of this section, the Board shall *reactivate the license of an individual who:

- (1) Applies to the Board for *reactivation of the license;
- (2) Pays to the Board the *reactivation processing fee set by the Board and any other fees required by the Board;
- (3) Provides any documentation required by the Board, in a form prescribed by the Board; and
- (4) Passes the respective examination required for initial licensure.

The social work statute uses the term *reactivation. However, the “working” terminology is “re-licensure” in order to distinguish it from “reactivation” of a license on inactive status for less than 5 years and “reinstatement” of a license on non-renewed status for less than 5 years.

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410-764-4788 or Toll Free: 1-877-526-2541 www.dhmh.maryland.gov/bswe

RE-LICENSURE -APPLICATION INSTRUCTIONS

ALL DOCUMENTATION MUST BE ORIGINAL, ON THE FORMS CURRENTLY IN USE BY THE BOARD AND SUBMITTED AS A COMPLETE APPLICATION PACKET

DOCUMENTATION CONTAINING WHITE OUT OR CORRECTIONS WILL NOT BE ACCEPTED BY THE BOARD

ALL SECTIONS OF THE FORMS SHOULD BE COMPLETED IN BLUE INK

CHECK LIST:

Please use the following check list to be certain your application packet is complete:

For **ALL** applicants (re-licensure by endorsement or examination):

- ☐ Check or money order, payable to the Maryland Board of Social Work, for \$100
- ☐ Application Form
- ☐ Three Professional Reference Forms
- ☐ Official BSW or MSW transcript with the date the degree was awarded/conferred
- ☐ **Criminal History Records Check (CHRC)** – First submit your completed application then complete the CHRC

ONLY for applicants applying for re-licensure by **endorsement**:

- ☐ Verification of Out-of-state Social Work License(s)
- ☐ Employment Certification form(s)
- ☐ Resume

PLEASE DO NOT SEND THE ITEMS LISTED ABOVE SEPERATELY

PLEASE NOTE: Applicants will be **notified** of the status of their applicant through the **email address** provided on the application form. Please be sure your email address is legible, accurate and current. Set your computer to accept emails from the Board so the notifications do not go into **SPAM**. Please provide the Board with changes in your email address. **PLEASE DO NOT CLICK THE ‘UNSUBSCRIBE’ LINK FROM AN EMAIL SENT FROM THE BOARD.**

DOCUMENTATION:

All documentation and required forms must be mailed to the Board in **one** application packet. The applicant must use the forms currently in use by the Board and the forms must contain original signatures. The Board cannot accept copied or

faxed documents. It is recommended that applicants keep copies of all the documentation and communications submitted to the Board.

APPLICATION FORM:

All items on the application form must be completed and the "Applicant's Affidavit" must be signed and dated. It does not need to be notarized.

NAME

Your name will appear on all documents and correspondence as you list it on the application form. Please note: 1) the name must be your **legal** name

2) the name on your driver's license or identification card must match

3) the license will be issued in the name listed on your application

RACE / ETHNIC IDENTIFICATION

Check all that apply.

American Indian or Alaska Native (A person having origins in any of the original peoples of North or South American, including Central America and who maintain tribal affiliations or community attachments)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Answer the question with a yes or a no.

Are you of Hispanic or Latino origin? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

QUESTIONS #1 THROUGH #6

Answer all questions with a yes or no. For each question answered with a yes, please attach a detailed explanation. For questions #4 and #5 also provide a certified copy of the police/court record and final disposition.

PROFESSIONAL REFERENCES: for ALL applications

Using the enclosed forms, applicants are required to submit three (3) professional references.

OFFICIAL TRANSCRIPT: for ALL applications

The official seal of the college/university is required on all transcripts with the date the MSW degree was awarded/conferred. The official transcript must be submitted in a sealed envelope with the application packet. Please do not request the college/university to mail the official transcript directly to the Board.

FOREIGN DEGREES:

Applicants who possess foreign degrees must have their credentials reviewed by the Council on Social Work Education (CSWE) prior to making application to the Board. CSWE's written determination and a copy of the foreign transcript must be submitted with the application. www.cswe.org or 703-683-8080

ASSOCIATION OF SOCIAL WORK BOARDS (ASWB): required for an application by examination

The examination fee is paid to the ASWB. The examinations are taken on computers and can be scheduled Monday through Saturday. The applicant knows immediately if she/he passed or failed the examination. For more information regarding the examination please visit ASWB's website www.aswb.org

OFFICIAL SCORE REPORT: for an application by examination

Once a week, the Board receives, from ASWB, the pass and fail scores of all the Maryland applicants who took the test the prior week.

VERIFICATION OF OUT-OF-STATE LICENSE(S): required for an application by endorsement

Applicants applying by endorsement must have an active social work license in another jurisdiction. Please enclose a verification of the license either on a form completed by the out-of-state Board or a copy of the online license verification.

EMPLOYMENT CERTIFICATION: required for an application by endorsement

The enclosed employment certification form must be used by an applicant to document that she/he has been practicing social work at the level of licensure being applied for: Bachelors, Graduate, Certified / Advanced Generalist or Clinical. If additional forms are needed, you may photo copy this form. The upper portion is completed by the applicant and the lower portion completed by the Director or Personnel Officer, **ALL ITEMS MUST BE COMPLETED**. The employer should return the completed form to you. You may open it to determine if the employer completed the entire section.

RESUME: required for an application by endorsement

The applicant's resume should document a complete employment history. However, for licensing purposes, the resume must provide a detailed description of the applicant's most recent social work practice.

OFFICIAL ADDRESS OF RECORD:

All social work licensees should be aware that the mailing address provided to the Board is the official address of record to be kept in the Board's files and is considered part of a public record.

NOTIFICATION OF CHANGE IN NAME OR STREET ADDRESS OR EMAIL ADDRESS:

It is the responsibility of the applicant/licensee to notify the Board promptly of any change in contact information. For a change in address, postal and / or email, please use the form on the Board's website. For a change in name, please mail or fax a copy of legal documentation to the Board. The Board's newsletter and various notifications are sent to licensees using the email address. **PLEASE DO NOT CLICK THE 'UNSUBSCRIBE' LINK FROM AN EMAIL SENT FROM THE BOARD.**

USE OF DATES:

When a date is requested, please enter a date (month/day/year). Do NOT use the expression "to the present."

DOCUMENTATION:

All documentation and required forms must be mailed to the Board in **one** application packet. The applicant must use the forms currently in use by the Board and the forms must contain original signatures. The Board cannot accept copied or faxed documents. It is recommended that applicants keep copies of all the documentation and communications submitted to the Board.

DOCUMENTATION CONTAINING WHITE OUT OR CORRECTIONS WILL NOT BE ACCEPTED BY THE BOARD.

FEES:

A \$100.00 non-refundable application fee, payable to the Maryland Board of Social Work Examiners, by check or money order, is due with the application.

A \$75.00 initial licensing fee will be required when the application is approved for those applying by endorsement or after passing the examination for those applying by examination.

The Board will notify you when the fee is due.

DO NOT SEND THE \$75 FEE WITH THE APPLICATION FEE.



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NOTICE OF CRIMINAL HISTORY RECORDS CHECK

Effective January 1, 2014

Effective January 1, 2014 the Maryland Board of Social Work Examiners (the “Board”) is mandated to require applicants for licensure to submit to a full Criminal History Records Check which includes both State and FBI checks. The statute, which allows the Board to receive this information, is Health Occupations Article, Annotated Code of Maryland, Title 19 Social Workers, sections §19-302(a)(6) and §19-302.2. The legislation authorizing the Board to collect this information is House Bill 806 and Chapter 391.

Criminal History Records Checks are conducted by being fingerprinted. In order to be fingerprinted you will need the following: **CJIS Authorization #1300005486** **FBI ORI #MD920513Z**

The cost is **\$54.50** (\$34.50 is the cost of the background check and \$20.00 is the cost of the fingerprinting service). The fee must be paid directly to the provider. **Cash is not accepted. All fees must be paid by major credit card, check or money order in United States currency. The Central Repository cannot accept cash.**

For additional information contact CJIS, Criminal Justice Information System at 410-764-4501 and for a current listing of fingerprinting providers please go to <http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>

FOR FAST AND ACCURATE SERVICE

1. When requesting a Criminal History Records Check, from the State and FBI, you must inform the fingerprinting center, “provider,” that you are applying to the Maryland Board of Social Work for licensure and provide the authorization numbers (listed above.)
2. You must bring a valid form of government identification to the fingerprinting center, “provider,” you have selected from the list. (Examples: driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification).
3. Complete the Livescan Pre-registration Application and bring it to any fingerprinting center. Fingerprinting providers please go to <http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>
4. Bring payment as indicated. Major credit cards, check or money order in United States currency. Cash is not accepted.
5. Do not send the Maryland Social Work Board any receipts. The Board will receive the results from the Criminal History Records Check directly from CJIS, usually within 5 business days.
6. If the Board has not contacted you within 7 business days, please do not contact the Board. Please contact the provider you used for fingerprinting to verify when it was submitted.
7. **Even if you had a recent background check, a “NEW” background check is required as part of the licensing process.**

(MD-BSWE – Notice Included in Application – January 2014)



STATE OF MARYLAND

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MARYLAND BOARD OF SOCIAL WORK EXAMINERS

CHRC – CRIMINAL HISTORY RECORDS CHECK

FOR APPLICANTS RESIDING IN MARYLAND

#

Step #1 Mail your application for licensure to the Board

Do Not Complete the CHRC before you submit your application in licensure

Step #2 Take the “Livescan Pre-Registration Application” to a fingerprinting location

Do Not Mail the “Livescan Pre-registration Application” to the Board

For a current listing of fingerprinting providers in Maryland go to
<http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>

FOR APPLICANTS RESIDING IN ANOTHER STATE #

The CHRC application **cannot be faxed or emailed to you**

Step #1 Mail your application for licensure to the Board

Step #2 Send an email to:

Beverly Lewis – beverly.lewis@maryland.gov

Step #3 Indicate that your application for licensure was mailed and that you are currently residing in another State

Step #4 Request an application for a Criminal History Records Check

Step #5 Provide your legal name & your out-of-state mailing address

Step #6 You will receive 2 fingerprinting cards and a return envelope

Step #7 Go to a fingerprinting location in your area to be finger printed

Step #8 Mail the 2 cards, using the return envelope, to CJIS, P.O. Box 32708, Pikesville MD 21282-2708

Do Not Mail the Application for a CHRC to the Board



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS - CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

Name

Date of Birth SSN Gender: ☐ Male ☐ Female (Please Check)

Height: ft. inches Weight lbs. Eye Color Hair Color

Race ☐ American Indian/ Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander
☐ White ☐ Other (Please Check)

Place of Birth Citizenship

Current Address

City State Zip Code

Daytime Phone Evening Phone Driver's License

AGENCY INFORMATION

Agency Authorization #: 1300005486 Reason fingerprinted? Social Work License

ORI # (if required): MD920513Z

Position Applied for: N/A

Request Type: (Choose only one)

<input type="checkbox"/> Adult Dependent Care	<input type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney /Client	<input type="checkbox"/> Immigration / Visa
<input type="checkbox"/> Child Care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal / Adoption	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal / Letter / Visa	<input type="checkbox"/> Private Party Petition
	<input type="checkbox"/> Public Housing

Mail Response to:

(Mailing option only available for Visa Gold Seal and /or Individual Review)

Name

Address

City State Zip Code

EDUCATION

Name on Official Transcript _____

Year BSW / MSW Obtained _____

College / University _____

State _____

LICENSES / REGISTRATIONS / CERTIFICATIONS HELD

License number, issuance and expiration date can be found on the Board's website

List **ALL** (Active, Inactive or Non-Renewed) HELD in ANY state including Maryland.

State	License Number	License Type	Issuance Date	Expiration Date	History of Discipline		FOR BOARD USE ONLY
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ANSWER ALL QUESTIONS

FOR EACH QUESTION ANSWERED WITH A YES PLEASE ATTACH A DETAILED EXPLANATION.

FOR QUESTIONS # 4 AND # 5 ALSO PROVIDE A CERTIFIED COPY OF THE POLICE/COURT RECORD AND FINAL DISPOSITION.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1) Have you provided social work services while under the influence of alcohol, a narcotic, a controlled dangerous substance, or other drug that is in excess of prescribed amounts or without valid medical indication?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2) Has any State Licensing or Disciplinary Board, or a comparable body in the Armed Services denied your application for licensure, reinstatement, renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3) Have you ever voluntarily surrendered your license due to a violation of state licensing law(s)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4) Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for any criminal act (excluding misdemeanor traffic violations)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5) Have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for driving while under the influence of alcohol, while under the influence of alcohol per se, while impaired by alcohol, or while impaired by a drug, a combination of drugs, a combination of one or more drugs and alcohol, or while impaired by a controlled dangerous substance.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6) Has a claim for damages been awarded or settled against you resulting from a malpractice suit?

APPLICANT'S AFFIDAVIT

ALL FORMS / DOCUMENTATION MUST BE ORIGINALS

I do hereby affirm that all statements made herewith are true and correct to the best of my knowledge and belief. Furthermore, I voluntarily consent to a thorough review of my present and past employment and other activities for the purpose of verifying my qualifications for licensure.

Date _____

Signature _____



MARYLAND BOARD OF SOCIAL WORK EXAMINERS

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<http://www.dhmh.maryland.gov/bswe/>

PROFESSIONAL REFERENCE FORM FOR RE-LICENSURE

FOR ALL APPLICANTS

THE FOLLOWING SECTION IS COMPLETED BY THE APPLICANT

I am applying for Maryland social work license as a:

- ☐ Licensed Bachelor Social Worker "LBSW" ☐ Licensed Graduate Social Worker "LGSW"
☐ Licensed Certified Social Worker "LCSW" ☐ Licensed Certified Social Worker - Clinical "LCSW-C"

Applicant's Name Home Number
Current Mailing Address Office Number
City State Zip Code Cell Number

To:

Name of Reference
Address
City State Zip Code

I am applying for social work licensure in Maryland at the above indicated level.

Please complete the following affidavit AND RETURN THE ORIGINAL SIGNED FORM TO ME by:

SIGNATURE _____

DATE

AFFIDAVIT

I have known the applicant since (year) ☐ Less Than 1 year in the capacity of _____
☐ 1 - 3 Years (supervisee, colleague, administrator)
☐ 4 - 6 Years (A reference cannot be a relative or a friend)
☐ 7 - 10 Years

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

Name of Reference Position/Title
Address Phone Number
City State Zip Code

SIGNATURE _____

DATE



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FOR ALL APPLICANTS

THE FOLLOWING SECTION IS COMPLETED BY THE APPLICANT

I am applying for Maryland social work license as a:

- ☐ Licensed Bachelor Social Worker "LBSW" ☐ Licensed Graduate Social Worker "LGSW"
☐ Licensed Certified Social Worker "LCSW" ☐ Licensed Certified Social Worker - Clinical "LCSW-C"

Applicant's Name Home Number
Current Mailing Address Office Number
City State Zip Code Cell Number

To:

Name of Reference
Address
City State Zip Code

I am applying for social work licensure in Maryland at the above indicated level.

Please complete the following affidavit AND RETURN THE ORIGINAL SIGNED FORM TO ME by:

SIGNATURE _____

DATE

AFFIDAVIT

I have known the applicant since (year) ☐ Less Than 1 year in the capacity of _____
☐ 1 - 3 Years (supervisee, colleague, administrator)
☐ 4 - 6 Years (A reference cannot be a relative or a friend)
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Name of Reference Position/Title
Address Phone Number
City State Zip Code

SIGNATURE _____

Date



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PROFESSIONAL REFERENCE FORM FOR RE-LICENSURE

FOR ALL APPLICANTS

THE FOLLOWING SECTION IS COMPLETED BY THE APPLICANT

I am applying for Maryland social work license as a:

- ☐ Licensed Bachelor Social Worker "LBSW" ☐ Licensed Graduate Social Worker "LGSW"
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Applicant's Name Home Number
Current Mailing Address Office Number
City State Zip Code Cell Number

To:

Name of Reference
Address
City State Zip Code

I am applying for social work licensure in Maryland at the above indicated level.

Please complete the following affidavit AND RETURN THE ORIGINAL SIGNED FORM TO ME by:

SIGNATURE _____

DATE

AFFIDAVIT

I have known the applicant since (year) ☐ Less Than 1 year in the capacity of _____
☐ 1 - 3 Years (supervisee, colleague, administrator)
☐ 4 - 6 Years (A reference cannot be a relative or a friend)
☐ 7 - 10 Years

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct, and I hereby recommend this applicant for licensure.

Name of Reference Position/Title
Address Phone Number
City State Zip Code

SIGNATURE _____

Date



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<http://www.dhmh.maryland.gov/bswe/>

EMPLOYMENT CERTIFICATION FORM FOR RE-LICENSURE

ONLY FOR APPLICATIONS BY ENDORSEMENT

THE FOLLOWING IS COMPLETED BY THE APPLICANT, THEN FORWARD TO THE EMPLOYER.

I am applying for Maryland Social Work license as a:

- ☐ Licensed Bachelor Social Worker (LBSW) ☐ Licensed Graduate Social Worker (LGSW)
☐ Licensed Certified Social Worker "LCSW" ☐ Licensed Certified Social Worker - Clinical "LCSW-C"

Applicant's Name

Address City State Zip Code

Agency Name

Address

City State Zip Code

APPLICANT'S AFFIDAVIT

I do solemnly declare and affirm, under the penalties of perjury, the above information is true and correct.

Signature _____ Date

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE EMPLOYER (PLEASE COMPLETE THE ENTIRE SECTION)

This section is to be completed by the Director or Personnel Officer at the agency where the applicant was employed.

I certify that the applicant, _____, is employed by the agency named above in the capacity of
(position held) _____

Dates of Employment in the practice of social work: From To

Is the social work practice clinical social work? ☐ Yes ☐ No

Name of person completing the form _____ Title _____

EMPLOYER'S AFFIDAVIT

I do solemnly declare and affirm, under the penalties of perjury, that the above statement(s) are true and correct.

Signature _____ Date Title

PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE